

JUN 02 2005

PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i>		Docket Number (Optional) ST00014C2 (107-US-C2)	
Application Number 10/712,789		Filed 11/12/2003	
For Communication System that Reduces Auto-Correlation or Cross-Correlation in Weak Signals		Examiner Issing, Gregory C.	
Art Unit 3662			

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(e)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(e)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(e)(3))	\$1020	\$510	\$ <u>510.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(e)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(e)(5))	\$2160	\$1080	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 502542. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form.

Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 44,138

☐ attorney or agent under 37 CFR 1.34.

Registration number if agent under 37 CFR 1.34 _____

Gregory B. Gulliver

Signature

Gregory B. Gulliver

Typed or printed name

Date
June 2, 2005

Date
(312) 720-0308

DEPT. OF COMMERCE

NOTE: Signatures of all the inventors or assignors of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ **Multiple forms are submitted.**

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 USC 122 and 37 CFR 1.11 and 1-14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the information and your suggestions for reducing this burden, should be sent to the person(s) designated as the contact point for comments on the amount of time spent on this collection of information. Send comments to Washington Headquarters Services, Directorate for Information Operations and Policy, Paperwork Project Team, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22304-1450. If you have any questions regarding this collection of information, please contact the person(s) designated as the contact point for comments or completed forms to this address. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-1450

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005		ST00014C2 (107-US-C2)	
(Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4819).)			
Application Number		Filed	
10/712,789		11/12/2003	
For Communication System that Reduces Auto-Correlation or Cross-Correlation in Weak Signals			
Art Unit		Examiner	
3662		Issuing, Gregory C.	
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
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<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
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<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>502542</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form.			
Provide credit card information and authorization on PTO-2038.			
		06/03/2005	BOONER 00000013 10712789
		01 F112233	019.00 UP
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,138</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if agent under 1.34 _____			
<u>Gregory B. Gulliver</u>		June 2, 2005	
Gregory B. Gulliver		Date	
Typed or printed name		(312) 720-0308	
		Telephone Number	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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